



96-0425 R05/25 azdot.gov

Mail Drop 521M  
Fuel Tax Refund Compliance Unit  
PO Box 2100  
Phoenix, AZ 85001-2100  
602.712.8727

## FOREST PRODUCTS USE FUEL REFUND APPLICATION

Checks are now being mailed directly from the Arizona Department of Administration and we are no longer able to attach a copy of the refund application to the check. Please keep a copy of your application for your records.

Refund Period Beginning Date	Refund Period Ending Date	Customer Account Number	Federal EIN	
Applicant Name (first, middle, last, suffix)			Business Phone ( )	
Doing Business As (DBA)				
Refund Mailing Address	<input type="checkbox"/> Check if changed	City	State	Zip
Contact Person Name	Contact Person Phone ( )		Contact Email	

This refund is based on actual qualifying fuel consumption. Submit copies of the following (check off documents submitted).

- ☐ Legible fuel purchase invoices and/or IFTA reports
- ☐ Individual Mileage and Fuel Report – Forest Products (form # [96-0425A](#))
- ☐ Fuel Refund Equipment List (#[96-0161](#))
- ☐ Copy of Arizona Commerce Authority (ACA) Certification Letter

Applications must be completed in full and mailed to the address above within 6 months from the date the fuel was purchased or invoiced. If the allowable claim is for less than \$10, only one request may be submitted in a consecutive 6-month period.

### Arizona Qualified Project Miles and Gallons Claimed

A	B	C	D	E	F
Project Number	Total Miles (Column 7 on form #96-0425A)	Total On-Road AZ Miles (Column 10 on form #96-0425A)	% of AZ On-Road Miles (Column C / Column B)	Total Use Class Fuel Gallons (Column 12 on form #96-0425A)	Net Gallons Claimed (Column D x Column E)
Totals					

**Use Fuel**  
Tax Rate Paid \$.26

Net Gallons Claimed

Tax Refund Rate  
x \$.17

Total Refund Due  
\$

I certify that the Arizona taxes have been paid on all of the gallons claimed above. The original, unaltered invoices (and supporting documents) for the gallons claimed will be maintained for 3 years. I certify that the tax was paid on all gallons claimed above for fuel purchased in compliance with the ACA Healthy Forest Enterprise Incentives Program.

Printed Name	Title	Date
Original Signature – no copies/stamps	Must be signed by licensee or an authorized officer of the business. All other signatures require a notarized power of attorney.	

#### ADOT Use Only

Compliance	Reviewer	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Approval Date	Postmark Date
Comments				
Receipts	Date Entered	Entered By	Claim Number	
Comments				